

# INDEPENDENT REVIEW FORM

Check reviews required

QC Check ☐

Technical Review ☒

QA Review ☐

Editorial Review ☐

Document Type: SPME Deployment oversight summary report

Author: Keegan Roberts

Contract/Project: USACE Lower Passaic River RI/RS

Title: Summary of Oversight of SPME Sampler Installation Effort RM 10.9, December 9-11, 2015

Date: 6/29/2015

Revision Number: 0

**100% QC Check on Tables, Figures, Calculations, and Text Compared to Actual Data Used Conducted by:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Instructions to Technical/QA/Editorial Reviewers:

Charge No: 89341.6424.005.002.207.00272

Project Manager: David Marabello

Estimated Review Hours\*: **Technical:** 2

**QA:** \_\_\_\_\_

**Editorial:** \_\_\_\_\_

Date Sent: 12/21/15

Due Date for Comments: 12/21/15

Return Comments to: Keegan Roberts

**Background and Instructions** (Project scope and objectives [statement of work should be attached], standards or requirements, and client expectations)

**Technical Specialist Reviewer:**

**QA Reviewer:**

Name: Scott Kirchner

Name: \_\_\_\_\_

Technical Specialist Reviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** By signing this you are declaring you have a minimum of 10 years with the subject area or degree in related technical subject area (must be a minimum grade of 5). Technical specialist reviews require checking the document for technical accuracy, accomplishment of project objectives (document must meet the client requirements and stated objectives), and clarity of presentation.

Program Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Signature only required if technical specialist reviewer does not meet the qualification criteria noted above. By signing this, the program manager waives the technical specialist reviewer qualification requirements based on the reviewer's demonstration of capabilities.

QA Reviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** QA reviews are only necessary for work plans, technical proposals, quality plans, statements of work, and measurement reports to ensure the document includes specific client and internal QC/ QA requirements. The reviewer must be an authorized member of the QA staff.

Editorial Reviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** By signing this you are declaring the document was reviewed in accordance with CDM Smith style guidelines or client-specific style requirements.

Return for Follow-up Technical review?

☐ Yes

☒ No

Return for Follow-up QA review?

☐ Yes

☐ No

**Concurrence with Comment Resolution – When follow-up review is required**

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Review Comments Incorporated/Resolved – Required for all Reviews**

Project Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_